



IFW

TA-614

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:	
READER ET AL.	
Serial No.: 10/626,696	Art Unit: 2859
Filed: July 25, 2003	Examiner: PRUCHNIC, STANLEY J.
For: THERMOGRAVIMETRICAL ANALYZER AUTOSAMPLER SEALED SAMPLE PAN	

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

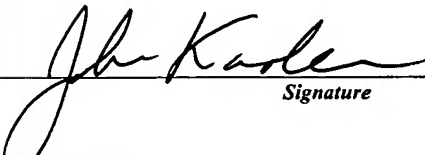
Sir:

In response to the Office Action mailed on June 29, 2004, please amend the above-identified application as follows:

No extension of time or other fees are believed to be due, except as detailed in the attached documents. However, any extension of time necessary to prevent abandonment is hereby requested, and any fee necessary for consideration of this response is hereby authorized to be charged to Deposit Account Number 50-1390.

Amendments to the Claims: reflected in the listing of claims that begins on page 2 of this paper.

Remarks: begin on page 8 of this paper.

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. TA-614	
Applicant(s): READER ET AL.					
Serial No. 10/626,696	Filing Date July 25, 2003	Examiner PRUCHNIC, STANLEY J.		Group Art Unit 2859	
Invention: THERMOGRAVIMETRICAL ANALYZER AUTOSAMPLER SEALED SAMPLE PAN					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	27 -	41 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	4 -	5 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1390 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. </div> <div style="width: 35%; text-align: right;"> Dated: August 5, 2004 </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  John Kasha Reg. No. 53,100 Shaw Pittman LLP 1650 Tysons Blvd McLean, VA 22102 Customer No. 28970 </div> <div style="width: 50%; border: 1px solid black; padding: 5px;"> <p>I certify that this document and fee is being deposited on with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p> <hr/> <p style="text-align: center;"><i>Signature of Person Mailing Correspondence</i></p> <hr/> <p style="text-align: center;"><i>Typed or Printed Name of Person Mailing Correspondence</i></p> </div> </div>					
cc:					